

979

151
ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

2902
STATE FILE NO.

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 26.

DEATH 76 ND 8401 ESIDENCE 6	1. PLACE OF DEATH A. COUNTY <u>GRANHAM</u>				2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <u>ARIZONA</u> B. COUNTY <u>GRANHAM</u>					
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>SAFFORD</u>				C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>6F 4M 6F 4M</u>					
	D. FULL NAME OF HOSPITAL OR INSTITUTION <u>EUGENE RTH HOSPITAL</u>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>321 Main St.</u>					
1 1 3 ONAL TA 769 3 649	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>ELI</u> B. (MIDDLE) <u>DELAFFAYETTE (FAY)</u> C. (LAST) <u>BOSWELL</u>				4. SEX <u>MALE</u>		5. COLOR OR RACE <u>WHITE</u>			
	6. MARRIED - - - - NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <u>FEB</u> DAY <u>27</u> YEAR <u>1880</u>		8. AGE YEARS <u>69</u> MONTHS <u>3</u> DAYS <u>1F</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED) <u>RETIRED (FARMER)</u>			
	9B. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>ARIZONA</u>		11. CITIZEN OF WHAT COUNTRY? <u>AMERICAN</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>NO</u>			
	14A. FATHER'S NAME <u>ABRAHAM BOSWELL</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>UNKNOWN</u>		15A. MOTHER'S MAIDEN NAME <u>Hannah M. Dodge</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Utah</u>			
	16. INFORMANT'S SIGNATURE <u>Leah A. Boswell</u>				17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>JUNE 16 1949</u>					
USE 151X IF ATH A 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS.				MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. <u>Adenocarcinoma of the Pylorus - caused chronic</u> <u>deficiency</u> II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
	19A. DATE OF OPERATION <u>June 12 -</u>		19B. MAJOR FINDINGS OF OPERATION <u>Pyloric Obstruction due to Carcinoma</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
	21A. ACCIDENT SUICIDE HOMICIDE <u>SUICIDE</u>		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u>Home</u>		21C. (CITY OR TOWN) (COUNTY) (STATE) <u>Safford Ariz</u>					
TIONS, OPSY ATH TO RNAL ENCE	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>June 12 1949</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>While at work</u>					
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>June 12</u> 19 <u>49</u> TO <u>June 16</u> 19 <u>49</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>June 16</u> 19 <u>49</u> AND THAT DEATH OCCURRED AT <u>2:45</u> P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.									
	23A. SIGNATURE <u>Benjamin S. Boswell</u>		23B. ADDRESS <u>Safford Ariz</u>		23C. DATE SIGNED <u>6/17/49</u>					
ERAL CTOR ND TRAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>June 19-49</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Pima Cemetery</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Safford Ariz</u>			
	25A. DATE REC'D BY LOCAL REG. <u>July 9, 1949</u>		25B. REGISTRAR'S SIGNATURE <u>J. N. Stettin</u>		25C. ADDRESS <u>Safford Ariz</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>C. Rawson</u>			